

Date of Physical: \_\_\_\_\_

**PHYSICAL EXAMINATION RECORD** (This page to be filled out by Licensed Professional)

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

NAME: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PULSE: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_\_

LIMITED		NORMAL	ABNORMAL FINDINGS	INITIALS
	Appearance (esp. Marfan's)			
	Ears/Nose/Throat			
	Cardiopulmonary			
	Pulses			
	Heart			
	Lungs			
	Skin			
	Abdominal			
	Genitalia/Hernia			
	Musculoskeletal			
	Neck			
	Shoulder			
	Elbow			
	Wrist			
	Hand			
	Back			
	Knee			
	Ankle			
	Foot			

**ARTICIPATION RECOMMENDATIONS**

\_\_\_\_ 1. Full and Unlimited Participation

\_\_\_\_ 2. Limited Participation (May NOT participate in the following):

\_\_\_\_ Baseball    \_\_\_\_ Basketball    \_\_\_\_ Cross Country    \_\_\_\_ Football    \_\_\_\_ Golf    \_\_\_\_ Soccer  
\_\_\_\_ Swimming    \_\_\_\_ Tennis    \_\_\_\_ Track    \_\_\_\_ Volleyball    \_\_\_\_ Softball    \_\_\_\_ Wrestling

\_\_\_\_ 3. Clearance after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_ 4. No Athletic Participation.

Licensed Professional's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

This form has been developed with the assistance of the Committee on Sports Medicine of the Iowa Medical Society, the Iowa Department of Education, Iowa High School Athletic Association, Iowa Girls' High School Athletic Union, American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Osteopathic Academy of Sports Medicine and American Orthopedic Society for Sports Medicine.